ond to a collection of information unless it displays a valid OMB control number

Substitute for Form PTO-875							10/668,149			24/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A	1	N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i), 4	or (m))	N/A		N/A	1	N/A		1	N/A	
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A		N/A		1	N/A	
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =]	x s =		OR	X \$ =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =			1	X \$ =		1	X S =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE she is \$ add	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	11/17/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 23	Minus	·· 24	= 0	1	x s =		OR	X \$60=	0
	Independent (37 CFR 1.16(h))	• 6	Minus	***6	= 0]	X \$ =		OR	X \$250=	0
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 GFR 1.16(j))					l			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,15())	*	Minus		-	1	X \$ =		OR	x s =	
DM	Independent (37 CFR 1 16(h))	•	Minus	***	-	1	x s =		OR	x s =	
Π̈́	Application Size Fee (37 CFR 1.16(s))					1			ı		
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					L			OR		
									OR	TOTAL ADD'L FEE	
*If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number to und in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total is inclinational in second to the propriate box in column 1. The "Highest Number Previously Paid For" (Total is inclinational in second to the propriate box in column 1.											

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 38 USS. C.12 and 37 CFR 1.1.4. This collection is estimated to their 21 miturels to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Cells information CFRC. U.S. Platent and Trademark Office, U.S. Department of Commono. P.O. Box 1450, Alexandria, W. 22319-1450. DO NOT SEND FEES OR COMPLETED FORMSTO THIS ADDRESS SEND TO: Commissioner for Patients, P.C. Box 1450, 1450 Examples, 14